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United States Bankruptcy Court
of the
Northern District Of Illinois
Western Division

In Re: TINA D. REID
1828 REMINGTON RD
ROCKFORD, IL 61108

Trustee's Final Report
SSN-xxx-xx-4374

Case Number: 04-71764

Case filed on: 4/1/2004
Plan Confirmed on: 6/14/2004

P Discharged Paid Out

Total funds received and disbursed pursuant to the plan: \$10,707.00

Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
772	CLERK OF U.S. BANKRUPTCY COURT	164.00	164.00	164.00	0.00
	Total Administration	164.00	164.00	164.00	0.00
000	BALSLEY & DAHLBERG LLP	1,200.00	1,200.00	1,200.00	0.00
	Total Legal	1,200.00	1,200.00	1,200.00	0.00
209	PREMIER BANKCARD	0.00	0.00	0.00	0.00
	Total Legal	0.00	0.00	0.00	0.00
998	TINA D. REID	0.00	0.00	149.50	0.00
999	TINA D. REID	0.00	0.00	87.50	0.00
	Total Debtor Refund	0.00	0.00	237.00	0.00
001	CITIZENS FINANCE	7,525.00	4,500.00	4,500.00	888.89
	Total Secured	7,525.00	4,500.00	4,500.00	888.89
001	CITIZENS FINANCE	1,575.02	4,600.02	1,017.72	0.00
002	ACCOUNT SOLUTIONS GROUP LLC	0.00	0.00	0.00	0.00
003	AFFORDABLE CASH ADVANCE	653.95	653.95	144.68	0.00
004	ANointed HELP MEDICAL SERVICES	0.00	0.00	0.00	0.00
005	ATTORNEY TERRY HOSS &	80.00	80.00	17.70	0.00
006	BANKCARD SERVICES / ORCHARD	0.00	0.00	0.00	0.00
007	CAPITAL ONE	765.75	765.75	169.42	0.00
008	DEBT RECOVERY SOLUTIONS	0.00	0.00	0.00	0.00
009	PREMIER BANKCARD/CHARTER	568.70	568.70	125.82	0.00
010	PORTFOLIO RECOVERY ASSOCIATES	608.75	608.75	134.68	0.00
011	ADVANCE CASH EXPRESS	580.00	580.00	128.32	0.00
012	NCO FINANCIAL	0.00	0.00	0.00	0.00
013	NICOR GAS	730.20	730.20	161.55	0.00
014	PLAZA ASSOCIATES	0.00	0.00	0.00	0.00
015	RJM ACQUISITIONS	0.00	0.00	0.00	0.00
016	ROCK VALLEY WOMENS HEALTH CENTER	0.00	0.00	0.00	0.00
017	ROCKFORD CLINIC	519.50	519.50	114.94	0.00
018	ROCKFORD HEALTH SYSTEMS	0.00	0.00	0.00	0.00
019	ROCKFORD HEALTH SYSTEMS	0.00	0.00	0.00	0.00
020	ROCKFORD MERCANTILE AGENCY INC	890.07	890.07	196.93	0.00
021	ROCKFORD RADIOLOGY	0.00	0.00	0.00	0.00
022	THE CASH STORE	1,051.84	1,051.84	232.72	0.00
023	THE CBE GROUP	0.00	0.00	0.00	0.00
024	WAVERLY HEALTH CENTER	0.00	0.00	0.00	0.00
025	EBONY HUNTER	0.00	0.00	0.00	0.00
026	STATE OF HAWAII	1,494.56	1,494.56	330.66	0.00
027	CAPITAL ONE	285.86	285.86	63.25	0.00
028	CAPITAL ONE	623.16	623.16	137.85	0.00
	Total Unsecured	10,427.36	13,452.36	2,976.24	0.00
	Grand Total:	19,316.36	19,316.36	9,077.24	888.89

Total Paid Claimant: \$9,966.13
Trustee Allowance: \$740.87
Percent Paid Unsecured: 22.12

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer
Lydia S. Meyer, Trustee

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United States Bankruptcy Court
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This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 01/29/2008

By /s/Heather M. Fagan